



2183/1

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application No.	09/973,429
		Filing Date	October 9, 2001
		First Named Inventor	Edward T. Grochowski
		Art Unit	2183
		Examiner Name	Aimee J. Li
Total Number of Pages in This Submission	25	Attorney Docket Number	42390P4899C

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input checked="" type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input checked="" type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> PTO/SB/08		
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Basic Filing Fee		
<input type="checkbox"/> Declaration/POA		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

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FEB 04 2004

Technology Center 2100

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Adam Furst, Reg. No. 51,710 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	1/23/04

CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Typed or printed name	Vineta T. Tufono
Signature	
Date	1-23-04

Based on PTO/SB/21 (08-03) as modified by Blakely, Sokoloff, Taylor & Zafman (vir) 09/11/2003.
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JAN 27 2004

**EE TRANSMITTAL
for FY 2003**

Effective 01/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$)**220.00**

Complete if Known

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METHOD OF PAYMENT (*check all that apply*)

<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Credit card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other	<input type="checkbox"/> None
<input type="checkbox"/> Deposit Account				

Deposit Account Number	02-2666
Deposit Account Name	Blakely, Sokoloff, Taylor & Zafman LLP

The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments

Charge any additional fee(s) required under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

Charge fee(s) indicated below, except for the filing fee
to the above-identified deposit account

FEE CALCULATION

1. BASIC FILING FEE

<u>Large Entity</u>	<u>Small Entity</u>	<u>Fee Description</u>	<u>Fee Paid</u>
<u>Fee Code</u>	<u>Fee (\$)</u>	<u>Fee Code</u>	<u>Fee (\$)</u>
1001	770	2001	385 Utility filing fee
1002	340	2002	170 Design filing fee
1003	530	2003	265 Plant filing fee
1004	770	2004	385 Reissue filing fee
1005	160	2005	80 Provisional filing fee
SUBTOTAL (1)			(\\$)

2. EXTRA CLAIM FEES

Total Claims		Claims below	Fee Paid
Independent Claims	20*	0 x 18.00	\$0.00
Multiple Dependent	3*	0 x 86.00	\$0.00

Large Entity		Small Entity		
Fee Code	Fee (\$)	Fee Code	Fee (\$)	<u>Fee Description</u>
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple Dependent claim, if not paid
1204	86	2204	43	**Reissue independent claims over original patent
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent

**or number previously paid, if greater. For Reissues, see below.*

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Adam Furst	Registration No. (Attorney/Agent)	51,710	Telephone	(408) 947-8200
Signature				Date	1/23/04

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DOCKET NO.: 42390P4899C 2-6-04

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of:

EDWARD T. GROCHOWSKI, ET AL.

Application No.: 09/973,429

Filed: October 09, 2001

For: PREDICATE PREDICTION IN A
PROCESSOR (As Amended)

Art Group: 2183

Examiner: Aimee J. Li

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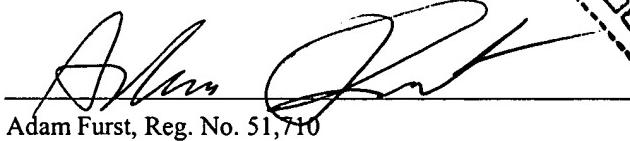
Commissioner for Patents
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Alexandria, VA 22313-1450

TRANSMITTAL OF FORMAL DRAWINGS

Sir:

Enclosed herewith for filing in the above-identified U.S. Patent Application are the formal drawings, 5 sheets including 5 Figures. Please charge any additional fees or credit any overpayment to Deposit Account No. 02-2666. A duplicate copy of the Fee Transmittal is enclosed for this purpose.

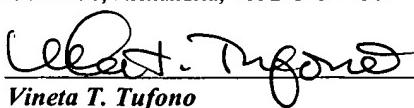
Respectfully submitted,
Blakely, Sokoloff, Taylor & Zafman LLP


Adam Furst, Reg. No. 51,710

Dated: 1/23/04

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Los Angeles, CA 90025
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